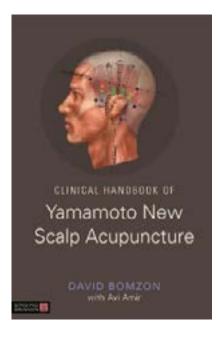


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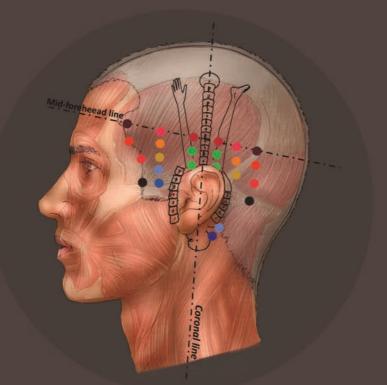


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Yamamoto New Scalp Acupuncture

DAVID BOMZON with Avi Amir



Clinical Handbook of Yamamoto New Scalp ACUPUNCTURE

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David Bomzon with Avi Amir



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Contents

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	Acknowledgments	7
	Preface	9
	Introduction to Modern Scalp Acupuncture	11
	History of scalp acupuncture	11
	General principles of scalp acupuncture	14
1.	Introduction to Yamamoto New Scalp Acupuncture (YNSA)	17
	Principles of YNSA	18
	The five groups of needling points of YNSA	22
	The choice between needling on the Yin and Yang aspects	25
	How YNSA works	26
	Diagnostic zones	27
2.	The Basic Points	31
	General overview of the basic points	32
	Diagnostic areas of the basic points	34
	Using the basic points for obtaining maximum therapeutic benefit	34
	Case examples for needling the basic points	35
	Locations and indications for needling the basic points	37
3.	Brain Zones and Sensory Organ Points.	59
	Brain zones	59
	Locations and indications for needling the brain zones	60
	Sensory organ points	68
	Locations and indications for needling the sensory organ points	69
	Extrasensory points	77
	The four-point needling combination for treating tinnitus	79

4.	Brain and Spine Diagnostic Zones: Diagnostic Zones of the Basic and Brain Points	83 83
	Using the basic and brain points for diagnosis and treatment	84
5.	The Ypsilon (Internal Organ and Channel) PointsLocations and indications of the Ypsilon points	8 7 88
6.	Cranial Nerve Points	115 116
7.	Diagnostic Zones of the Ypsilon and Cranial Nerve Points Neck diagnostic zone Abdomen diagnostic zone Spine diagnostic zone Using the diagnostic zones for needling	121 121 135 148
	the Ypsilon or cranial nerve points	150
8.	Additional Points and Somatotopes I somatotope Master key points	153 153 155
	Additional points	157
	Speech pathology points: Broca and Wernicke's needling points	169
	J and K somatotopes	171
	Vertebral somatotope	172
	Chest somatotope	173
9.	Case Studies Group 1 using YNSA to treat symptoms Group 2 using elbow diagnosis in YNSA Group 3 using elbow, neck, and abdominal diagnosis in YNSA	177 177 180 183
	AppendixBasic pointsSensory organ pointsNeck diagnostic zonesAbdomen diagnostic zonesBrain zonesCranial nerve points	 187 187 188 189 191 192 193
	Bibliography	195
	About the Authors	197
	Index	199
	Conditions Index	203

Introduction to Modern Scalp Acupuncture

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Chinese scalp acupuncture is primarily considered to be a modern acupuncture method and can be described as an amalgam of western medical knowledge of the cerebral cortex and traditional Chinese needling techniques. In addition to its proven effectiveness in the treatment of chronic disorders of the central nervous system, Chinese scalp acupuncture is known for its immediate delivery of positive results, despite using fewer needles than in body acupuncture.

One of the scalp acupuncture methods developed in the late 20th century was Yamamoto New Scalp Acupuncture (YNSA). Before describing YNSA in detail, I will first present a brief history of scalp acupunc-ture because this was the essence for developing YNSA.

History of scalp acupuncture

Acupuncture is a traditional method of treatment in oriental medicine. It has been in use for more than 2500 years and has evolved into a unique and effective treatment. Due to modern knowledge and technology being integrated into traditional oriental medicine, new acupuncture techniques have continued to emerge, notably laser and electrical acupuncture, as well as the discovery of new acupuncture points. Judging by its evolution, continuous development, and effectiveness, it is safe to label scalp acupuncture as the most significant breakthrough that can be credited to Chinese acupuncture since the 1970s.

Although the new discoveries and developments in acupuncture can be attributed to extensive clinical experience, the use of acupuncture

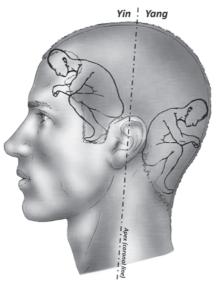


FIGURE 1.1

Principles of YNSA

Nowadays, the five basic points are the most commonly used needling points in YNSA. In the early years of YNSA, these points were needled ipsilaterally to the side on which the patient was experiencing pain. In contrast, the brain points, which were developed later, were needled contralaterally to the side on which the patient was experiencing pain.

With ongoing development of YNSA, the five basic points subsequently expanded into nine basic points, and a specific diagnostic zone for each basic point was discovered in the neck and elbow regions (discussed later in the book). Currently, the selection of basic points to needle and the needling side are done according to the sensitivity of the neck, abdomen, and elbow diagnostic zones (discussed later in the book).

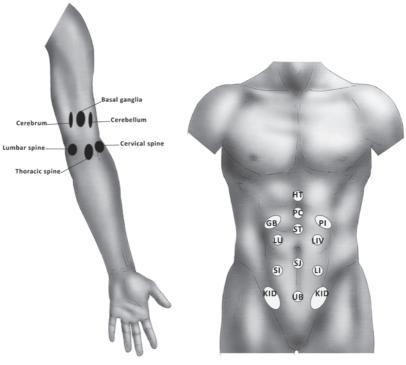


FIGURE 1.13

FIGURE 1.14

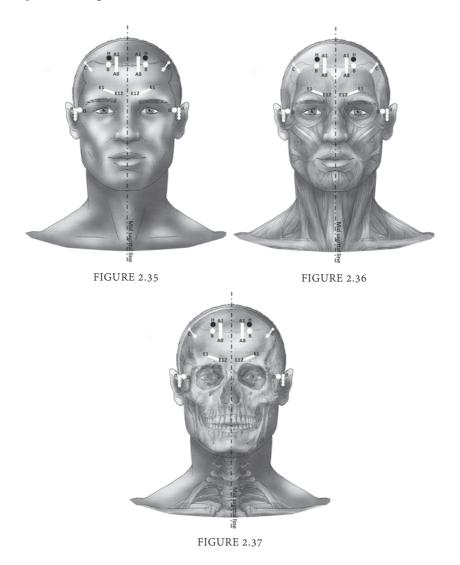
How to use the diagnostic zones

Most treatments comprise an initial palpation of the diagnostic zones followed by needling of a specific point. There are three diagnostic zones: the neck, abdominal, and elbow. The sensitivity of a diagnostic zone will determine which point will be needled. The sensitivity and tension of the muscle in the neck and abdominal diagnostic zones will determine which Ypsilon and cranial nerve points should be needled. The sensitivity of the elbow diagnostic zone will determine which spinal and brain points will be needled. After inserting the needle, the diagnostic zone is palpated again in order to check whether the sensitivity of the diagnostic zone has been lessened.

Note: According to traditional Chinese medicine, a channel or meridian is a concept (simplified Chinese: 经络; traditional Chinese: 經絡; pinyin: jīngluò, also called channel network) through which the life-energy known as "qi" (in western terms this can be translated as "function") flows. Each organ is associated with a longitudinal anatomical pathway that runs

Basic point H

Yin location: The point is located approximately 1 cm above the basic B point (see Figures 2.35, 2.36, and 2.37).



Yang location: The point is located approximately 0.75 cm above the basic B Yang point (see Figure 2.38).

Basal ganglia zone

This zone has two locations: an old location, based on the abdominal diagnostic zone around the xiphoid process of the sternum, and a new location, based on the elbow diagnostic zone.

Yin aspect of the old location: The old location of the zone is located approximately on a 3 cm vertical line that runs from 1 cm to 4 cm into the hairline. This line is located on the mid-sagittal line (sagittal suture) (see Figure 3.5). The old location is used when the practitioner cannot use the elbow for the diagnosis.

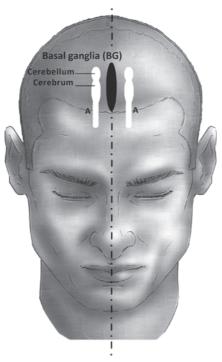


FIGURE 3.5

Note: This line can start on the hairline and can extend to approximately 5 cm into the hairline. Other books state that the location is on a line that begins approximately 1 cm into the hairline up to approximately 5 cm into the hairline.

6

Cranial Nerve Points

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There are 12 pairs of cranial nerves that emerge from the brain and innervate the head, face, neck, chest, heart, and digestive tract. Cranial nerves 1 and 2 emerge from the brain, and cranial nerves 3–12 emerge from the brain stem. Dr Yamamoto found a link between each cranial nerve point and a particular meridian. An abdominal or neck diagnosis is required for selecting the correct needling point(s).

The functions of the cranial nerve points are the same as those of the Ypsilon points. In addition, needling a cranial nerve point can exert an effect on that cranial nerve. Needling the cranial nerve points exerts an effect on the central nervous system, whereas needling the Ypsilon points exerts an effect on the peripheral nervous system. For a patient with a disorder with a specific cranial nerve, it is better to needle the cranial nerve points and not the Ypsilon points. For example, trigeminal neuralgia is a chronic pain condition that affects cranial nerve 5 (the trigeminal nerve) that innervates the ST organ (according to traditional Chinese medicine) and innervates the facial mucosa and skin and conveys sensory information from contact of a stimulus with the facial skin or the face's mucosa (according to western medical science). Therefore, it is better to needle the cranial nerve point on the scalp than to needle the ST Ypsilon point. It is also important to know the functions of each cranial nerve in order to needle the correct cranial nerve when it is not functioning and to know which organ is associated with each cranial nerve (see the table at the end of the chapter).

Cranial nerve number	Chinese medicine organ and channel association with the cranial nerve	Latin name	Western medical science
1	Kidney (KID)	Olfactorius	The sensory nerve of smell
2	Urinary Bladder (UB)	Opticus	The nerve that transfers visual information to the vision centers of the brain
3	Pericardium (PC)	Oculomotorius	The nerve that innervates four of the six extra-ocular muscles that control movement of the eye
4	Heart (HT)	Trochlearius	The nerve that innervates the superior oblique muscle, which enables looking down and up and rotation in the plane of the face
5	Stomach (ST)	Trigeminus	The sensory nerve of the face
6	San Jiao (SJ)	Abduceus	The nerve that innervates the muscle that abducts the eye
7	Small Intestine (SI)	Facialis	The nerve that innervates the muscles of the face and salivary glands and transfers sensory information on taste from the anterior two-thirds of the tongue
8	Spleen/Pancreas (PI)	Vestibulocohlearis	The nerve that transfers information about hearing and balance from the ear to the brain



FIGURE 8.26

ZS point and diagnostic zone

Note: Between 2005 and 2007, Dr Dorothea Zeise-Suess discovered a new needling point (ZS) for treating disturbances of the female hormonal system. This point was subsequently validated by Dr Yamamoto and has been added to the YNSA points.

The ZS needling point is located over the anterior temporal bone, approximately 1 cm below the mid-forehead line and approximately 1–2 cm posterior to the hairline. The diagnostic zone for the ZS needling point can be located by palpating an area that is located between the posterior end of the clavicular division of the sternocleidomastoid muscle (SCM) (Kidney neck diagnostic zone) and the ST-12 acupuncture point, which is located in the supraclavicular fossa, and approximately 5 cm lateral to the sternoclavicular joint (SCJ).



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The objective of this chapter is to improve the clinical utility of YNSA for practitioners. To this end, this chapter presents three groups of case studies. The first group comprises examples of using YNSA to treat the symptoms, especially pain, of different disorders. The second group comprises examples in which elbow diagnosis is done before applying YNSA. The third group comprises examples in which neck, abdomen, and elbow diagnosis is done when needling the Ypsilon, cranial nerve, and basic points.

Group 1 using YNSA to treat symptoms *Case 1*

A 35-year-old man with severe back pain in his lower left side and spasm of the gastrocnemius muscle on the right side.

Case history

A healthy 35-year-old man with no history of illness woke up one morning with severe lower back pain on his left side and a spasm of the gastrocnemius muscle in his right leg. He thought he had made a mistake by sleeping with the air conditioner on because it was very hot and humid, and he had not covered himself when sleeping. When he arose, he decided to go for a run because he thought running would relieve the back pain and muscle spasm. When he started running, the pain became more intense and he began limping. He then stopped running and did some stretching in the hope that it would relieve the back pain and reduce the tension in his back and gastrocnemius muscle.



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